

Statement of Organization CANDIDATE COMMITTEE

*Please read instructions before completing this form.

	Type of Statement							
□NEW		■ AMENDED						
This committee is registering with the Virginia State Board of Elections for the first time.		This committee is filing an amended Statement of Organization.						
		Date Changes Took Effect SBE-issued Committee ID		tee ID				
		01/14/2017	01/14/2017 CC-16-00446					
Committee Information								
	Friends of Charles Sumpt	er	£					
	Name of Candidate Campai	gn Committee	X					
	203 Yoakum Parkway		1803					
	Street Address/PO Box		Suite #					
Committee Information	Alexandria		VA	22304				
	City		State	Zip Code				
	charles.sumpter@gmail.d	com	212-444-2316					
	Email Address		Daytime Phone #					
100								
	Campaign Website							
Candidate Information								
	Mr Sumpter	Charles	Anthony	Jr				
	Salutation Last Name	First Name	Middle Name	Suffix				
	203 Yoakum Parkway		1803					
	Residence Address	Apt#						
Candidate	Alexandria		VA	22304				
Information	City.							
	City		State	Zip Code				
	ALEXANDRIA CITY		327281578	Zip Code				
	ALEXANDRIA CITY County or City of Residence		327281578 Voter Identification #	Zip Code				
	ALEXANDRIA CITY County or City of Residence charles.sumpter@gmail.c	com	327281578 Voter Identification # 212-444-2316	Zip Code				
	ALEXANDRIA CITY County or City of Residence charles.sumpter@gmail.c Email Address	com	327281578 Voter Identification # 212-444-2316 Daytime Phone #					
	ALEXANDRIA CITY County or City of Residence charles.sumpter@gmail.c Email Address	com	327281578 Voter Identification # 212-444-2316 Daytime Phone #					
	ALEXANDRIA CITY County or City of Residence charles.sumpter@gmail.c Email Address	com	327281578 Voter Identification # 212-444-2316 Daytime Phone #					
	ALEXANDRIA CITY County or City of Residence charles.sumpter@gmail.c Email Address	tify that I am currently registered	327281578 Voter Identification # 212-444-2316 Daytime Phone #	/c.				
Election Information	ALEXANDRIA CITY County or City of Residence charles.sumpter@gmail.c Email Address M By checking this box, I cere	tify that I am currently registered	327281578 Voter Identification # 212-444-2316 Daytime Phone # to vote at the address above	/c.				
	ALEXANDRIA CITY County or City of Residence charles.sumpter@gmail.c Email Address M By checking this box, I center the country of Delegation of Delegation in the country of Delegation in	tify that I am currently registered Election Information Ites House Of D	327281578 Voter Identification # 212-444-2316 Daytime Phone # to vote at the address above elegates - 46th Districts	/e. □Special				



Statement of Organization CANDIDATE COMMITTEE

		Tre	asurer Information			
Treasurer	Mr	Sumpter	Charles	Anthony	Jr	
	Salutation	Last Name	First Name	Middle Name	Suffix	
	Residence Address			Apt#		
	Alexand	Iria		VA	22304	
Information	City	<u> </u>		State	Zip Code	
	ALEXA	NDRIA CITY		327281578		
	County or	r City of Residence		Voter Identification #		
	charles.	.sumpter@gmail.cor	n	212 -444- 2316		
	Email Ad	dress		Daytime Phone #		
	☐ By cho	☐ By checking this box, I certify that I am currently registered to vote at the address above.				
		Ca	mpaign Depository			
Suntrust Bank	(
Name of Primary Financial Institution		Name of Other Fina	Name of Other Financial Institution (if applicable)			
Alexandria		VA				
City		State	City	y State		
	100	C	ommittee Activity			
	Please provide the following dates. (If an action has not yet occurred for this committee, write "N/A")					
Dates of Activity		Date first contribution accepted:		6		
	3			6		
		Date first expenditure made: Date campaign depository designated: Date filing fee paid for party nomination:		<u> </u>		
	Da			6		
	Da					
	Date Statement of Qualification filed: Date treasurer appointed:		2/15/2016 tation filed:	6		

(continued on next page)

Revised: January 1, 2012



Statement of Organization CANDIDATE COMMITTEE

Filing Method				
	Please indicate the method by which this committee will submit all required campaign finance reports:			
	XI File electronically using SBE's Electronic Filing Application.			
Filing Method	☐ File electronically using an SBE Approved Vendor (Please indicate Name of Vendor:)			
	File paper reports.			
	Signature			
Signatures				
Candidate's Signature	I affirm that, to the best of my knowledge, all of the information on this form is complete and truthful. I understand that I am required to comply with the provisions of the Campaign Finance Disclosure Act (Title 24.2 Chapter 9.3 of the Code of Virginia). I also understand that my Treasurer and I must truthfully report, in a timely manner, all monies and things of value which this campaign committee receives or expends. Civil penalties shall be assessed for late or un-filed reports in the manner required by the Code of Virginia. I further understand that I do not appoint a treasurer, or if at any time the treasurer's position is vacant, that I, as the candidate, will assume and accept all of the Treasurer's duties until the position is filled. I also understand that if I provide false information on this or any document submitted to the State Board of Elections or local electoral boards that I may be subject to the provisions of § 24.2-1016 which is punishable by a Class 5 felony. Candidate's Signature Date			
Treusurer's Signature	I accept the appointment of Treasurer of this campaign committee. I understand that I am required to comply with the provisions of the Campaign Finance Disclosure Act (Title 24.2, Chapter 9.3 of the Code of Virginia). I understand that I must truthfully report all monies and things of value which this campaign committee receives or expends in a timely manner. Civil penalties will be assessed in the manner required by the Code of Virginia for late or non-filed reports. I also understand that if I provide false information on this or any document submitted to the State Board of Elections or local electoral boards that I may be subject to the provisions of § 24.2-1016 which is punishable by a Class 5 felony. Treasurer's Fignature Date			